

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
BUSINESS REGULATION ADMINISTRATION  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**SAMPLING PERMIT APPLICATION**

☐ NEW   ☐ RENEWAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Application#: \_\_\_\_\_

Trading as: \_\_\_\_\_ License Exp. Date: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Ward \_\_\_\_\_ ANC \_\_\_\_\_ Telephone # \_\_\_\_\_

**1. Requested Sampling Times (total hours not to exceed 3 hours per day and 12 hours per week):**

Day	Time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**\*2. If you have a prior Sampling Permit, please attach a copy.**

**3. List the types of beverages that will be served:**

_____	_____
_____	_____
_____	_____
_____	_____

**4. Please attach detailed floor plan, indicating sampling location.**

**COST: \$125.00 CERTIFIED CHECK, CASHIERS CHECK OR MONEY ORDER, PAYABLE TO THE D.C. TREASURER.  
NO PERSONAL OR BUSINESS CHECKS.**

**\*COST: \$100.00**

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Print Name

**SPECIAL NOTICE**

The District of Columbia will appropriate auxiliary services including sign interpreters, whenever necessary to ensure effective communication with member of the public who are deaf, hearing impaired or who may have other disabilities affecting communication.

**Requests must be made to the Alcoholic Beverage Control Division at least 10 (ten) days prior to your hearing date.**